

H-2900 PREGNANT WOMEN GROUP**H-2901 GENERAL INFORMATION**

In accordance with the requirements of the Patient Protection and Affordable Care Act of 2010, referred to as the Affordable Care Act (ACA), pregnant applicants/enrollees shall be screened and eligibility in the Pregnant Women Group determined using the Modified Adjusted Gross Income (MAGI) methodology.

Eligibility for the Pregnant Women Group for individuals whose MAGI-based income is at or below 138% of the Federal Poverty Level (133%FPL plus 5% disregard) may begin:

- at any time during a pregnancy, and
- as early as three (3) months prior to the month of application.

Eligibility cannot begin before the first month of pregnancy.

Note:

The Pregnant Women Group certification may extend through the calendar month in which the 60-day postpartum period ends.

An applicant/enrollee whose pregnancy terminated in the month of application or in one of the three (3) months prior without a surviving child shall be considered a pregnant woman for the purpose of determining eligibility in the Pregnant Women Group.

Certification shall be from the earliest possible month of eligibility (up to three months prior to application) through the month in which the 60-day postpartum period ends. Retroactive eligibility shall be explored regardless of current eligibility status.

If the applicant/enrollee is eligible for any of the three prior months, she remains eligible throughout the pregnancy and 60-day postpartum period. When determining retroactive eligibility actual income received in the month of determination shall be used.

Example:

Mrs. applies in June, which is her fifth month of pregnancy. Her income in June exceeds the allowable income, however, in March she had no income. Certification is effective March through the month in which the 60-day postpartum period ends.

If application is made after the month the postpartum period ends, the period of eligibility will be retroactive but shall not start more than three (3) months prior to the month of application.

The start date of retroactive eligibility is determined by counting back three (3) months prior to the date of application. The start date will be the first day of that month.

Example:

Jane Doe applies on June 16th, but delivered her baby in May. The start date would be March 1st if all eligibility requirements are met.

Eligibility may not extend past the month in which the postpartum period ends.

The applicant/enrollee must be income eligible during the initial month of eligibility only. Changes in income after the initial month will not affect eligibility.

Coverage

Coverage includes:

- prenatal care,
- delivery,
- 60 days postpartum care, and
- any conditions that may affect the health of the pregnant woman and subsequently the outcome of the pregnancy, as determined by the provider.

H-2902 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

H-2902.1 Determine Assistance Unit

The assistance unit consists of the pregnant woman.

H-2902.2 Establish Categorical Requirement

An applicant/enrollee must be pregnant for each month of eligibility, except the 60-day postpartum period.

H-2902.3 Establish Non-Financial Eligibility

Eligibility shall be verified with regard to the following factors:

- Enumeration I-600
- Assignment of Third Party Rights I-200
- Citizenship/Alien Status I-300
- Residence I-1900

Evaluate the need for Support Enforcement Services (SES). Refer to I-2000.

H-2902.4 Establish Need

Household composition and Need/Countable Income for the Pregnant Women Group are based on MAGI methodology. Refer to I-1550, MAGI Determinations.

Compare MAGI-based income to Pregnant Women Group Income Standard. Refer to Z-200, Federal Poverty Income Guidelines.

NOTE:

The pregnant woman's household composition and income unit shall always include the unborn child(ren).

The income of parents or siblings of Pregnant Unmarried Minors (PUM) or Pregnant Minor Unmarried Mothers (MUM) is not included when determining Medicaid eligibility for a PUM or pregnant MUM.

H-2902.5 Eligibility Decision

All eligibility requirements and verification received shall be evaluated to make the eligibility decision.

H-2902.6 Certification Period

The certification period begins the first day of the month of eligibility

and continues, without interruption, through the calendar month in which the 60-day postpartum period ends.

H-2902.7 Notice of Decision

Send the appropriate notice of decision to the applicant/enrollee.